CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

O The period covered is ___

Candidate

the date of leaving office.

Election Year: _

-or-

_______, through

POLISTATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.	Public Document	SISKIYOU COUNTY CLERK'S OFFICE	
NAME (LAST) (FIRST) Valenzuela Edward MAILING ADDRESS STREET CITY (Business Address Acceptable)	(MIDDLE) P.: STATE ZIP CODE	DAYTIME TELEPHONE NUMBER OPTIONAL: E-MAIL ADDRESS	
1. Office, Agency, or Court	4. Schedule Summar	у	
Name of Office, Agency, or Court: Supervisor District 2	► Total number of pages including this cover page	e: <u>2</u>	
Division Board, District, if applicable:	➤ Check applicable schedul interests."	es or "No reportable	
Your Position:	I have disclosed interests of attached schedules:	on one or more of the	
► If filing for multiple positions, list additional agency(ies)/	Schedule A-1 Yes - s Investments (Less than 10% Own		
position(s): (Attach a separate sheet if necessary.) Agency:	Schedule A-2 Yes – s		
Position:	Schedule B Yes - s	chedule attached	
2. Jurisdiction of Office (Check at least one box)		chedule attached ositions (Income Other than Gifts	
State Siskiyou	Schedule D Yes - so	chedule attached	
City of	Concadio E	chedule attached	
Other			
3. Type of Statement (Check at least one box)	No reportable interests of	on any schedule	
Assuming Office/Initial Date:/	5. Verification		
Annual: The period covered is January 1, 2009, through December 31, 2009.	I have used all reasonable statement. I have reviewed the		
O The period covered is/, through December 31, 2009.	of my knowledge the informatic attached schedules is true and	on contained herein and in any	
Leaving Office Date Left:(Check one)		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
O The period covered is January 1, 2009, through the date of leaving office.	Date Signed 3/16/20	10	

Signature

(File the ongressity signed statement with your filing official)

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
AT * T	MAT Laybor.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1219 S. Mt. Sheda	Mt Shaste
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications	Lumber Sales
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Technicier	Bookeeping
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	₹ \$500 - \$1,000
₹\$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	Sale of
(Property, car. boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, his each source of \$10,000 or more
	C7 0%;;
Other(Describe)	Other (Describe)
II.	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	DD
of a retail installment or credit card transaction, made it	
available to members of the public without regard to you not in a lender's regular course of business must be di	
not in a lender's regular course of business must be di	sclosed as follows.
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BOSINESS ACTIVITY, II ANY, OF ELHOLIN	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other (Describe)
	in the same of
Comments:	(SSSSS)